
Adult Trauma Emergencies: Trauma in Pregnancy



Note Well: *This protocol applies to patients that are pregnant 20 weeks or greater in gestation. In the event of cardiac arrest secondary to trauma, these patients do not apply to the Presumed Dead on Arrival (PDOA) Protocol, H3, except in cases of prolonged down time where dependant lividity and rigor mortis are present. These patients must be resuscitated and transported to the nearest trauma facility in an effort save the unborn child.*

I. All Provider Levels

1. Refer to the Trauma Assessment Protocol.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: *EMT-I and EMT-P should use ET intubation.*

4. Treat all life threatening injuries as soon as possible (advanced airway procedures, decompression of a tension pneumothorax, sealing a sucking chest wound, hand stabilizing a flail chest, stabilizing a protruding object from the head, neck, chest or abdomen) and consider "load and go" option.



Note Well: *Never remove an impaled object in the field.*

5. Patients should be transported on their left side, left lateral recumbent position (long board tilted left), to relieve pressure on the inferior vena cava. Except in cases of cardiac arrest or situations when a patient must be supine for airway maintenance.

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I. All Provider Levels (continued)

6. Establish an IV of Normal Saline and titrate to a systolic blood pressure of 90 mmHg.



Note Well: *An ALS Unit must be en route or on scene.*



II. Advanced Life Support Providers

1. Normal Saline boluses of 500 cc to a maximum of 1,000 cc. if symptoms of hypoperfusion are present. Reassess after every 500 cc.
2. Attach EKG monitor and interpret rhythm
3. Suspect tension pneumothorax if three of the four conditions listed below are present
 - A. Severe respiratory distress.
 - B. Tracheal deviation.
 - C. Absence of lung sounds on the affected side.
 - D. Distended jugular veins.
4. If tension pneumothorax is suspected
 - A. Perform needle decompression at the 2nd intercostal space mid-clavicular on the affected side utilizing a large bore needle with one way valve.
 - B. Reassess patient and notify Medical Control of the response to the therapy.



III. Transport Decision

1. Transport immediately to the closest appropriate facility.